

## Complete Summary

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### GUIDELINE TITLE

Recommendations for nonheartbeating organ donation: a position paper by the Ethics Committee, American College of Critical Care Medicine, Society of Critical Care Medicine.

### BIBLIOGRAPHIC SOURCE(S)

Recommendations for nonheartbeating organ donation. A position paper by the Ethics Committee, American College of Critical Care Medicine, Society of Critical Care Medicine. Crit Care Med 2001 Sep;29(9):1826-31. [29 references] [PubMed](#)

### GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

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## SCOPE

### DISEASE/CONDITION(S)

Fatal illness with subsequent nonheartbeating organ donation (NHBOD)

### GUIDELINE CATEGORY

Management

### CLINICAL SPECIALTY

Critical Care  
 Pediatrics

## INTENDED USERS

Physicians

## GUIDELINE OBJECTIVE(S)

- To comment on the issues of timing of death, pediatric nonheartbeating organ donation (NHBOD), and support of patients and their families
- To offer specific recommendations addressing the psychosocial care of dying patients and their families

## TARGET POPULATION

Critically ill organ donors and their families

## INTERVENTIONS AND PRACTICES CONSIDERED

Nonheartbeating Organ Donation (NHBOD)

1. Obtaining informed consent
2. Certification of death using standardized, objective, and auditable criteria that follow state law
  - Observation of asystole, apnea and unresponsiveness to stimuli for  $\geq 2$  min but  $< 5$  min
3. Decision to withdrawal life-support therapy should be made independent of decision to donate
4. Medications
  - Medications to prevent and alleviate pain and suffering
  - Medications that do not harm the patient, but are required to improve the chances of successful donation
5. Distribution of organs according to fair allocation standards
6. Education of patients and families about nonheartbeating organ donation with third-party assessment of understanding

## MAJOR OUTCOMES CONSIDERED

- Observation of:
  - Asystole
  - Apnea
  - Unresponsiveness

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

#### NUMBER OF SOURCE DOCUMENTS

Not stated

#### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus (Committee)

#### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

#### METHODS USED TO ANALYZE THE EVIDENCE

Review

#### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

#### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

#### DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

#### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

#### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

#### METHOD OF GUIDELINE VALIDATION

Peer Review

#### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not applicable

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

#### General Recommendations for Organ Donation

1. Donation and procurement of vital organs after death is reasonable and ethical provided informed consent is obtained from the patient or his or her designate.
2. The ethical cornerstone of organ donation is informed consent, which is required before every donation. Special attention to educating donors and those requesting consent is needed because of the complexity of nonheartbeating organ donation (NHBOD).
3. Organ procurement must not cause death, and death must precede procurement of unpaired organs or both paired organs. This practice is intended to prevent harm to the donor.
4. Death must be certified using standardized, objective, and auditable criteria, and must follow state law. The President's Commission on Death Determination supports two separate, complementary sets of criteria, one based on irreversible absence of circulation and respiration, and the other based on irreversible absence of whole brain function. Either is satisfactory for the determination of death before organ donation.
5. It is ethically reasonable for pediatric NHBOD to occur. However, children (especially those under the age of 14) represent a special case in organ donation because they have never achieved sufficient capacity to choose for themselves. All decisions about their care are made by guardians based upon best interest of the minor, and not based upon preservation of patient autonomy per se.
6. The critical care professional is first and foremost caring for the dying patient. Therapy that is harmful to the dying patient should be avoided even if it might improve organ viability. If, in the process of delivering high-quality end-of-life care, organ donation is possible, then critical care professionals should help enable that outcome (following existing local and national guidelines and legislation).

#### Proposed Recommendations for Nonheartbeating Organ Donation

Patients who intend to become nonheartbeating organ donors have the right to humane care, including the presence of family members at their bedside as they are dying. Organ donation from cadavers whose death was certified using cardiopulmonary criteria has several special concerns that must be considered.

1. The patient must be certified dead using objective, standardized, auditable criteria that are not different from those utilized for patients not destined to be NHBOD. Observation of asystole, apnea and unresponsiveness to stimuli is required. At least two minutes of observation is required, and more than 5 min is not recommended.
2. No patient may be certified dead by a physician who takes part in the procurement or transplantation of organs.

3. When nonheartbeating organ donation is intended to follow withdrawal of life-supporting therapy, the decision to withdraw therapy should preferably be made before, and must be made independent of any decision to donate.
4. When therapy is withdrawn, patients have the right to medications that prevent and alleviate pain and suffering.
5. No medication whose purpose is to hasten death should be given to the patient. Medications given to provide comfort are reasonable, even if they might hasten death.
6. Medications that do not harm the patient and are required to improve the chances of successful donation are acceptable.
7. Institutions should regularly review their practice of NHBOD, and should restrict physician and nurse involvement to those individuals who have received training in this procedure.
8. After organs are procured, they should be distributed according to the same fair allocation standards utilized for organs procured from brain-dead cadavers.
9. If there is a different successful transplantation rate for nonheartbeating cadavers (NHBC) organs, compared with heartbeating cadaver (HBC) organs, recipients have the right to this information and the source of their proposed organ.
10. Reasonable efforts should be made to educate patients and their families about NHBOD. Third-party assessment of understanding (e.g., by an ethics consultant) is reasonable.

#### CLINICAL ALGORITHM(S)

None provided

#### EVIDENCE SUPPORTING THE RECOMMENDATIONS

##### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

#### BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

##### POTENTIAL BENEFITS

Appropriate management of the nonheartbeating organ donation (NHBOD) process

##### POTENTIAL HARMS

Not stated

#### QUALIFYING STATEMENTS

##### QUALIFYING STATEMENTS

The original guideline document will not define specific medical eligibility or exclusionary criteria for nonheartbeating organ donation (NHBOD), nor will it comment upon the other ethical and legal issues that have been raised about NHBOD.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

End of Life Care

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Recommendations for nonheartbeating organ donation. A position paper by the Ethics Committee, American College of Critical Care Medicine, Society of Critical Care Medicine. Crit Care Med 2001 Sep;29(9):1826-31. [29 references] [PubMed](#)

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2001 Sep

### GUIDELINE DEVELOPER(S)

Society of Critical Care Medicine - Professional Association

### SOURCE(S) OF FUNDING

Society of Critical Care Medicine (SCCM)

### GUIDELINE COMMITTEE

Not stated

#### COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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#### FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

#### GUIDELINE STATUS

This is the current release of the guideline.

#### GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Society of Critical Care Medicine \(SCCM\) Web site](#).

Print copies: Available from the Society of Critical Care Medicine, 701 Lee Street, Suite 200, Des Plaines, IL 60016; Phone: (847) 827-6869; Fax: (847) 827-6886; on-line through the [SCCM Bookstore](#).

#### AVAILABILITY OF COMPANION DOCUMENTS

None available

#### PATIENT RESOURCES

None available

#### NGC STATUS

This summary was completed by ECRI on March 31, 2005.

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